H08903

(Red	questor's Name)					
(Add	dress)					
(Add	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



300314882393

08/25/18--01022--004 +*35.00

2010 JUN 25 A II: 18
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

FILED

JUN 2 5 2013 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations						
Lokey Motor Company						
SUBJECT: Lokey Motor Company Name of Corporation						
DOCUMENT NUMBER: H08903						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Cheryl Bartoli						
Name of Contact Person						
Lokey Motor Company						
Firm/Company						
19820 US Hwy 19 N						
Address						
Clearwater, FL 33764						
City/State and Zip Code						
cbartoli@lokeyautos.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Cheryl Bartoli Name of Contact Person Area Code & Daytime Telephone Number						
Name of Contact Person at (121) 374-2309 Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address: Amendment Section Amendment Section						

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	ge is submitted for a c	corporation organiz	ed under the laws of the ed agent, or both, in th	he State of Flo	ida
1. The name of the	corporation: Loke	y Motor Comp	any		
2. The principal of	fice address: 19820 , FL 33764	0 US Hwy 19 I	N		<u>_</u>
4. Date of incorpor	ration/qualification:	06/19/1984	Document numbe	r: <u>H08903</u>	
	treet address of the c nent of State: (If resig		ent and registered offic)	ce on file with	the
(Cheryl Brown				
	9820 US Hwy	19 N			
	Clearwater, FL	33764	·		
6. The name and s (if changed):	treet address of the n	ew registered agent	(if changed) and /or re	egistered office	:
_	Cheryl Bartoli	<u> </u>	··· -	<u> </u>	2
_1	19820 US Hwy		•	ALL A	CONTRACT CON
	Clearwater, FL	P.O. Box NOT a	cceptable	SSYRING SANGE	· •
as changed will o	e ideimicai.		ddress of the business	<u> </u>	•
/) /		ition duly adopted l ation has been noti	by its board of director fied in writing of the c	rs or by an off change.	icer so
(hugh	Bartoli		Cheryl Bartoli VP	•	Treasurer
I hereby accept the I further agree to performance of magent. Or, if this	comply with the pro ly duties, and I am fa document is being fi	visions of all statu miliar with and ac iled merely to reflec	agree to act in this ca es relative to the prop cept the obligation of a change in the regi writing of this change	per and complo my position as istered office a	: registered
Chung	-Ballote		06/21/2018		
•	ture of Registered Agent		D	ate	
If signing on beha	_				
Lokey Motor	Company ed or Printed Name				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *